No. 2
9-4-41
17-39
X29484

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 11 1943

Registration District No. 3263

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6236

State File No. 19327

Registrar's No. 5

1. PLACE OF DEATH:

(a) County: Warren Co.

(b) City or town: Marthasville Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Old Folks Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 yrs 2 mo. In this community
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Warren

(c) City or town: Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Three Miles East of Marthasville
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: ERB, THEODORE J.

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: M

5. Color or race: Wh

6. (a) Single, widowed, married, divorced: Sngle

6. (b) Name of husband or wife:

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: Nov. 12 1891
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
51	7	11	hr. min.

9. Birthplace: St. Louis (City, town, or county) 0 (State or foreign country)

10. Usual occupation: Feebleminded

11. Industry or business: none

MOTHER FATHER

12. Name: Lorenz Erb

13. Birthplace: Germany (City, town, or county) 4 (State or foreign country)

MOTHER

14. Maiden name: Maucka Keller

15. Birthplace: Germany (City, town, or county) (State or foreign country)

16. (a) Informant: Leland L. Rudd

(b) Address: Marthasville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: April 26 1943 (Month) (Day) (Year)

(c) Place: burial or cremation: St Louis Mo

18. (a) Signature of funeral director: Fred Wichtendahl

(b) Address: Marthasville, Mo

19. (a) Apr 24 1943 (Date received local registrar) (b) Ethel Kehr (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month April day 23

year 1943 hour 7 minute 009 M.

21. I hereby certify that I attended the deceased from Feb 1943, to April 23 1943, that I last saw h— alive on April 23 1943, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chr Nephritis	6 mos
Due to: Invalid from birth	Life
Due to: Mal nutrition	Life
Other conditions: Paralysis one side (Include pregnancy within 3 months of death)	
Major findings: Of operations: —	
Of autopsy: —	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify):

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: J. C. Johnson (M. D. or ~~Coroner~~)

Address: Marthasville Mo Date signed: 4/23/43

1263 (Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Fred. W. Lichtenberg

Licensed Embalmer No. 1321

P. O. Address Martinsville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
M—8-21-41
I X29288

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. Jump

Registration District No. 363 Primary Registration District No. 6236 Registrar's No.

1. PLACE OF DEATH:

(a) County Warren

(b) City or town Charlotte Twnsp. "Rural" (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Evang. Emmaus Home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3. (a) PRINT FULL NAME Theodore J. Erb

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Nov. 12 1891 (Month) (Day) (Year)

8. AGE: Years 51 Months 7 Days 10 If less than one day hr. min.

9. Birthplace Ind. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Day year 1943 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY 2-3

S-19327